

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000034181

FILED
Jan 12, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA'S HOME TEAM, INC.

Current Principal Place of Business:

6549 SUGARBUSH DR.
ORLANDO, FL 32819

New Principal Place of Business:

7009 DR. PHILLIPS BLVD
SUITE 130
ORLANDO, FL 32819

Current Mailing Address:

6549 SUGARBUSH DR.
ORLANDO, FL 32819

New Mailing Address:

7009 DR. PHILLIPS BLVD
SUITE 130
ORLANDO, FL 32819

FEI Number: 59-3450200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINTIRE, ROBERT K
6549 SUGARBUSH DR.
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MCINTIRE, ROBERT
Address: 6549 SUGARBUSH DR.
City-St-Zip: ORLANDO, FL 32819

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V. P () Change (X) Addition
Name: MCINTIRE, LINDA L
Address: 6549 SUGARBUSH DR.
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT K. MCINTIRE

PRES

01/12/2006

Electronic Signature of Signing Officer or Director

Date